

Department of Medical Assistance Services

# **Early Periodic Screening, Diagnosis, and Treatment (EPSDT)**

## **Personal Care Services Criteria**



**2004**

## Early Periodic Screening, Diagnosis, and Treatment (EPSDT) PERSONAL CARE SERVICES CRITERIA

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### PURPOSE:

To provide personal care services to Medicaid recipients under the age of 21 years and FAMIS recipients who receive the Medicaid “look alike” benefits package who meet medical necessity criteria as a means to promote alternatives and/or delay the need for the more costly prolonged hospitalizations and/or institutionalizations by providing services which will assist in maintaining and/or improving health status. Services are based on medical necessity and will not take the place of informal support systems.

### DEFINITIONS:

**Assistance of Daily Living (ADL's)** means the basic daily tasks of bathing, dressing, toileting, transferring, eating, bowel continence, and bladder continence necessary to maintain a person's health and safety.

**Dependent** means that hands on assistance is needed (actually performing a personal care task for the person).

**Personal care services** means support services provided in the home and community settings necessary to maintain or improve an individual's current health status. Personal care services are defined as help with activities of daily living, monitoring of self-administered medications, and the monitoring of health status and physical condition.

### ELIGIBILITY CRITERIA:

Individuals enrolled in Medicaid under the age of 21 or individuals enrolled in FAMIS receiving the Medicaid “look alike” benefit package and who are determined to meet medical necessity criteria for personal care services may be eligible. DMAS, or its designee, is responsible for determining medical necessity. The following additional criteria must be met in order for personal care services to be determined appropriate:

1. The individual must be an active Medicaid or FAMIS recipient.
2. The individual must have the need for personal care services and the requirement for assistance with activities of daily living (ADL) identified through an EPSDT screening conducted by an EPSDT screening provider. The individual's inability to perform various activities of daily living cannot be due to age.
3. Personal care will be provided through agencies that have participation agreements with DMAS to provide personal care.
4. The individual must have a plan of care developed by a registered nurse employed by the agency that will provide personal care that is consistent with the findings on the EPSDT screening and that demonstrates the need for personal care.

5. Receipt of personal care services will be based on need, but in no case shall any individual receive more than 20 hours of personal care per week.
6. The individual must have a realistic and viable back-up plan, such as a family member, neighbor, or friend who is willing and available to assist the individual on very short notice in case the personal assistant does not show up for work as expected. The provider is not responsible for providing back-up assistance. This plan must be in writing and must be part of the individual's case record at the agency providing care. The agency is not responsible for contacting the person identified on the back-up plan; this is the responsibility of the family. Individuals who do not have a back-up plan are not eligible for services until a viable, written plan is developed.

#### **MEDICAL NECESSITY CRITERIA:**

Health conditions must cause the client to be functionally limited in performing three or more activities of daily living. The individual's inability to perform activities of daily living cannot be due to age. Individuals receiving EPSDT personal care must have a physician's referral as documented on a comprehensive EPSDT medical exam, and based on a written plan of care. I

In addition, the EPSDT Functional Status Assessment (Attachment A) must be completed by the physician that completed the EPSDT screening on which personal care is based, a Nurse Practitioner, Physician Assistant, or R.N. employed by the physician. A printable EPSDT Functional Status Assessment can also be obtained using the link for search forms on the DMAS website at [www.dmas.virginia.gov](http://www.dmas.virginia.gov) and entering DMAS-7 in the Number/Name box .

#### **THE FOLLOWING SERVICES ARE COVERED:**

1. Assistance with activities of daily living (ADLs): bathing, dressing, toileting, transferring, eating, and bowel continence, and bladder continence.
2. Assistance with meal preparation - preparation only of the individual's meal is allowed.

#### **THE FOLLOWING SERVICES ARE NOT COVERED:**

1. Supervision.
2. Respite.
3. Performance of tasks for the sole purpose of assisting with the completion of job requirements.
4. Assistance with services that are being provided as a reasonable accommodation as part of the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and/or Part B of the Individuals with Disabilities Education Act (IDEA).
5. Assistance provided in hospitals, other institutions, assisted living facilities, and licensed group homes.

## **APPEALS AND REVIEWS:**

Medicaid recipients may appeal denials, terminations, suspensions, or reductions of covered services, or the failure to act upon requests for covered services promptly, in accordance with regulations at 12 VAC 30-110 Part I. FAMIS recipients who receive the Medicaid "look alike" benefits package may request review of denials, terminations, suspensions, or reductions of covered services, or the failure to act upon requests for covered services promptly, in accordance with regulations at 12 VAC 30-141-40 et. seq.

## **PROVIDER PARTICIPATION REQUIREMENTS:**

Personal Care provider agencies that have a participation agreement with DMAS may provide personal care under EPSDT. The following are documentation requirements for personal care services. Failure to fulfill these requirements may result in retraction of reimbursement. Medicaid reimbursement is available only for Personal Assistance services provided when the individual is present and when a qualified provider is providing the covered services identified in the plan of care.

### **Provider Enrollment Requirements:**

The provider of services must be a home health or personal care agency that has a valid agreement with DMAS to provide personal care. A Participation Agreement to provide Personal Assistance services must be obtained from First Health, DMAS' enrollment contractor. The provider designated in the Participation Agreement must directly provide the services and bill DMAS for Medicaid reimbursement.

Personal Assistance service providers may be related to an individual, but may not be the parents of children less than 18 years of age or the individuals' spouses. Payment may not be made for services furnished by other family members unless there is objective written documentation as to why there are no other providers available to provide the care. Family members who provide Personal Assistance services must meet the same standards as providers who are unrelated to the individual and must be employed by an agency.

The following applies to personal care agencies that are enrolled with DMAS as personal care providers:

- a. Employ or subcontract with and directly supervise a RN who will provide ongoing supervision of all personal assistants. RNs must conduct the initial assessment and subsequent reassessments;
- b. The supervising RN must be currently licensed to practice nursing in the Commonwealth and have at least 2 years of related clinical nursing experience which may include work in an acute care hospital, public health clinic, home health agency, ICF/MR or nursing facility;
- c. Employ and directly supervise personal assistants who will provide direct care to individuals. Each assistant hired by the provider shall be evaluated by the provider agency to ensure compliance with minimum qualifications as required by the DMAS. Each assistant must:
  - 1) Be able to read and write English to the degree necessary to perform the tasks expected;
  - 2) Complete a training curriculum consistent with DMAS requirements. Prior to assigning an assistant to an individual, the provider agency must obtain documentation that the assistant has satisfactorily completed this training program. DMAS requirements may be met in one of three ways:
    - (a) Registration as a Certified Nurse Aide;

- (b) Graduation from an approved educational curriculum which offers certificates qualifying the student as a Nursing Assistant, Geriatric Assistant, or Home Health Aide; or
  - (c) Completion of provider-offered training, which is consistent with the basic course outline found in the "Exhibits" section at the end of this chapter and subject to prior approval from DMAS;
- (3) Be physically able to do the work; and
- (4) Have a satisfactory work record, as evidenced by two references from prior job experiences, including no evidence of possible abuse, neglect, or exploitation of aged or incapacitated adults or children.

#### Provider Documentation Requirements

1. An initial assessment, completed by the designated supervisor prior to or on the date services are initiated, (and subsequent reassessments, as needed) must be in the client's record.
  2. Personal care services must have an individually focused plan of care completed by the RN supervisor of personal care services, which includes the specific assistance that will be provided, and the approximate time that will be allowed for each activity. The Provider Agency Plan of Care form DMAS-97A, must be used for this purpose.
  3. Documentation indicating the date of service, arrival and departure times of the personal assistant, and the amount and type of service provided must be in the individual's record. The Aide Record form (DMAS-90) must be used for this purpose.
  4. The RN supervisor's written summaries of supervisory visits must note:
    - a. Whether personal assistance services continue to be appropriate;
    - b. Whether the plan is adequate to meet the need or changes are indicated in the plan;
    - c. Any special tasks performed by the personal assistant (e.g., assistance with bowel/bladder programs, range of motion exercises, etc., and the personal assistant's qualifications to perform these tasks;
    - d. The individual's satisfaction with the service;
    - e. A hospitalization or change in medical condition or functional status;
    - f. The presence or absence of the assistant in the home during the supervisor's visit.
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## EPSDT Personal Care Service Functional Status Assessment

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**Complete when personal care is ordered**

Child's Name: \_\_\_\_\_ Medicaid Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Date: \_\_\_\_\_

**EPSDT Personal Care Functional Status**

ADLS	Needs Help		Performed by Others	
	No	Yes	No	Yes
Bathing				
Dressing				
Toileting				
Transferring				
Eating				
Bladder Continence				
Bowel Continence				

Inability to perform a task cannot be due to age.

This form is to be completed by the physician that completed the EPSDT screening on which personal care is based, or a Nurse Practitioner, Physician Assistant, or R.N. employed by the physician.

Name (please print): \_\_\_\_\_

Full Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medicaid Provider ID #: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Fax form and plan of care to: Child Health Unit /Fax 804-786-5799

<b>Receipt of personal care will depend on DMAS prior authorization based on EPSDT Personal Care Services Criteria.</b>
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